

DIAGNOSTIC DILEMMA: A RARE CASE SPIRADENOMA OF FOREARM

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Introduction: Spiradenoma is an adnexal tumour originally thought to be of sweat gland origin, first described in 1956[1]. Skin discolouration is prominent feature, leading clinicians to suspect malignant change for the tumour. Common sites are at limbs, chest and some reported at genitalia. In this article, we report a case of spiradenoma, and it's diagnostic challenge and dilemma when clinical features contradicts radiological investigations.

Discussion: 35 years old lady presented with painless swelling of right forearm which was increase in size for past 10 years. Swelling is measuring 8X4cm, multilobulated with bluish discolouration at spots, firm to hard, central hyperpigmentation. It was attached to overlying skin but not attached to underlying muscle. Ultrasound and MRI reported as venous malformation due to presence of phlebolith. However it is benign looking because of homogeneity, well defined lobulated, subcutaneous lesion. Intraoperatively, soft tissue mass is not breaching fascia. Therefore wide excision biopsy done. HPE shows mixture of dark and pale cells, and highly vascularised with dilated vessels, with no malignancy change. HPE shows multiple nodule of basaloid cell which diagnosed as spiradenoma. Post operatively, scar well healed.

Conclusion: Radiological investigations for this tumour has been unreliable, due to the internal vasculature[2]. Due to this findings contradicting clinical features, further decisions for surgery has been difficult to make. Malignant transformation has been described in 1972 [3], with latency of 6 months to 70 years [4]. Due to the rarity of the tumour, wide local excision with close follow up evaluation has been advised for both benign and malignant forms [4]. Till date, there is no guideline for the management of this tumour yet. Rarity of this soft tissue tumour cause diagnostic challenge to the clinician. Clinical features of soft tissue mass attached to the skin and presence of phlebolith in MRI lead to challenge diagnosis.